

Registered nurse accreditation standards review

Written submission to consultation paper 1

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| First Name | Ingrid |
| Surname | Brooks |
| Individual or organisation? | Organisation Submission Authors: Prof Debra Griffiths, Ingrid Brooks, Dr Julia Morphet, Dr Helen Hall, Dr Malcolm Elliott |
| Organisation (if relevant) | Monash University |
| Position in organisation | Senior Lecturer Monash Nursing and Midwifery |
| Email | ingrid.brooks@monash.edu |
| Preferred contact number | 03 9905 3583 |

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Accreditation Standards Framework – moving to five standards

Question 1 Do the draft accreditation standards cover the required knowledge, skills and attitudes to ensure that the new graduate meets the Registered Nurse Standards for Practice (Nursing and Midwifery Board of Australia, 2016)? Please provide an explanation for your answer.

The five draft accreditation standards are a marked improvement upon the previous nine standards which had areas of prescription, ambiguity and duplication. We feel the draft standards provide sufficient broad guidance as to the expectations of a program of study that prepares graduates for entry into the nursing profession. We offer some additional criteria and suggestions for deletion and modification below.

Question 2 Are there any additional criteria that should be included?

There is no standard relating to the educational approaches (teaching, learning, assessment) within the program. The teaching and assessment of nurses should be undertaken with reference to contemporary approaches to pedagogy that support innovation and enhance the student's learning experience. Reference to the development of critical thinking and problem solving in the previous standards reflected Standard 1 of the RN Standards for Practice and are a key component of nursing curricula. This standard does not appear to be reflected in any of the criteria relating to Program of Study, Student Experience or Student Assessment

There is no standard requiring early workplace experience / in year one, which may result in some students missing the opportunity to engage with the professional nursing context early in their study. Early workplace experience was a requirement of the previous standards and whilst this should be prefaced by appropriate preparation of students for their initial placement, it is an important component of promoting learning through the integration of theory with authentic workplace experience.

We suggest including specific reference to students having sufficient and timely access to academic staff to support their learning as part of Standard 4.3

Question 3 Are there any criteria that could be deleted or amalgamated with another criteria?

Standard 2.1 relates to the university's accreditation status with TEQSA and AQF listing of degrees able to be offered by the university. As a Group of 8 university, we argue that it should be an expectation that such accreditation status has been achieved and not required to be included within standard 2. A process of notification by exception to ANMAC would be appropriate if any changes to the university accreditation status should occur.

Standard 4.2 relates to student grievance and appeals processes. This would be expected to be part of the TEQSA accreditation requirements and not need duplication within these standards

Question 4 Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

Standard 4.5 (student representation) overlaps with *Standard 2.5* re input of stakeholders into the curriculum

Question 5 Please provide any other feedback about the structure and/or content of the draft standards.

Standards 1.9a and 1.9b reflect a requirement for English language standards as set by the NMBA to be achieved prior to an applicant being selected for enrolment. This standard for IELTS is currently a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking). This may be difficult for some nursing and midwifery programs to meet.

Standard 2.5; in addition to Aboriginal and Torres Strait Islander people, there should be explicit mention of other important stakeholders including student representatives and patient consumer advocates

Standard 3.6 refers to a discrete 'unit' of Aboriginal and Torres Strait Islander content. The term 'unit' has different interpretations depending upon university nomenclature. A unit can be a discrete stand-alone area of study that a student enrolls in; or a discrete but subset of a stand-alone area of study. The definition of 'unit' needs to be included. There should be sufficient flexibility within the standard to permit incorporation of Aboriginal and Torres Strait Islander content as an identifiable and discrete topic as a subset of a subject area such as Public Health. This would enable accommodation of different program structures and curriculum approaches and acknowledge the different approaches universities have to awarding credit points to areas of study.

Standard 5.7 has a typographical error: "... cannot exceed one the equivalent of", should simply read "... cannot exceed the equivalent of"

Prescribing for graduates of an entry-to-practice program

Question 6 Do the draft standards continue to capture the learning outcomes required to enable graduates to safely supply and administer medicines via a protocol and/or standing order (prescribing via a structured prescribing arrangement)?

If there is no change to the prescribing role of the nurse then these are adequate.

Simulated learning

Question 7 Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

The definition states that "simulation is a technique..... to replace or amplify real experiences.." If ANMAC is proposing not to incorporate simulation into the 800 minimum practice hours, then including 'replace' in the definition may be ambiguous. Alternatively the definition can stand and be accompanied by a definition of "quality professional experience placement" that specifically excludes simulation and/or a clear statement that simulation is not considered part of the 800 hours of placement in Standard 3.8

Health informatics and health technology

Question 8 How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Standard 3.2 provides a broad and clear statement on this area. If this is considered insufficient to support the inclusion of technologies into nursing curricula, this could be addressed through examples of evidence that would be accepted to meet the standards.

Quality professional experience

Question 9 Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

It is obviously vital that students learn in a clinical setting that provides a 'culturally safe and respectful environment'. What information will ANMAC accept as evidence of this?

Question 10 Are there any other issues that should be considered?

Further to our question above, we note that a provider guide will be developed and would ask that this be made available for consultation prior to publication to allow feedback on the type of evidence required to meet each of the standards.